

## PART B—ISSUE FEE TRANSMITTAL

142-1290

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addresses entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of issue fee or thereafter. **See reverse for Certificate of Mailing, below.**

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DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
DAVID R SYROWIK BROOKS & KUSHMAN PC 1000 TOWN CENTER 22ND FLOOR SOUTHFIELD MI 48075		INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/593,095	01/29/96	027	PHAM, H	2505 02/04/97
First Named Applicant	BIEMAN, LEONARD H.			

TITLE OF INVENTION SCANNING PHASE MEASURING METHOD AND SYSTEM FOR AN OBJECT AT A VISION STATION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	MEDA-0124-PU	356-376.000	J20	UTILITY	NO	\$1290.00 05/05/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

BROOKS & KUSHMAN P.C.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:  
MEDAR, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)  
Farmington Hills, MI 48335

6a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees should be charged to:

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(ENCLOSE A COPY OF THIS FORM)

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☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) (Date)  
4-7-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

## Certificate of Mailing

Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: **Box ISSUE FEE**

**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

810 BL 04/23/97 08593095  
1 142 129.00 CK

on: April 7, 1997 (Date)  
David R. Syrowik (Name of person making deposit)  
(Signature)  
April 7, 1997 (Date)

810 BL 04/23/97 08593095  
1 142 129.00 CK  
1 142 1,290.00 CK

1. TRANSMIT THIS FORM WITH FEE